

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health Innovation
 2 Subcommittee
 3 Representative Trumbull offered the following:

Amendment (with title amendment)

6 Remove everything after the enacting clause and insert:
 7 Section 1. Subsection (11) of section 409.908, Florida
 8 Statutes, is amended to read:

9 409.908 Reimbursement of Medicaid providers.—Subject to
 10 specific appropriations, the agency shall reimburse Medicaid
 11 providers, in accordance with state and federal law, according
 12 to methodologies set forth in the rules of the agency and in
 13 policy manuals and handbooks incorporated by reference therein.
 14 These methodologies may include fee schedules, reimbursement
 15 methods based on cost reporting, negotiated fees, competitive
 16 bidding pursuant to s. 287.057, and other mechanisms the agency
 17 considers efficient and effective for purchasing services or

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18 goods on behalf of recipients. If a provider is reimbursed
19 based on cost reporting and submits a cost report late and that
20 cost report would have been used to set a lower reimbursement
21 rate for a rate semester, then the provider's rate for that
22 semester shall be retroactively calculated using Medicare-
23 granted extensions for filing cost reports, if applicable, shall
24 also apply to Medicaid cost reports. Payment for Medicaid
25 compensable services made on behalf of Medicaid eligible persons
26 is subject to the availability of moneys and any limitations or
27 directions provided for in the General Appropriations Act or
28 chapter 216. Further, nothing in this section shall be
29 construed to prevent or limit the agency from adjusting fees,
30 reimbursement rates, lengths of stay, number of visits, or
31 number of services, or making any other adjustments necessary to
32 comply with the availability of moneys and any limitations or
33 directions provided for in the General Appropriations Act,
34 provided the adjustment is consistent with legislative intent.

35 (11) A provider of independent laboratory services shall be
36 reimbursed on the basis of competitive bidding or for the least
37 of the amount billed by the provider, the provider's usual and
38 customary charge, or the Medicaid maximum allowable fee
39 established by the agency. For purposes of ss. 409.901-409.9201
40 and with respect to a provider of independent laboratory
41 services, "usual and customary charge" means the amount
42 routinely billed by the provider to an uninsured consumer for
43 services or goods before the application of any discount,

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44 rebate, or supplemental plan. Free or discounted charges for
45 services or goods based on a person's uninsured or indigent
46 status or other financial hardship are not usual and customary
47 charges. This subsection is intended to be remedial in nature
48 and to clarify existing law, and shall apply retroactively.

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T I T L E A M E N D M E N T

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Remove everything before the enacting clause and insert:

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A bill to be entitled

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An act relating to Medicaid providers of independent

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laboratory services; amending s. 409.908, F.S.; providing a

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definition of "usual and customary charge" for providers of

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independent laboratory services; providing an effective

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date.